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|                                                                                                                                 |  |                                                                                                                                                                                                                               |  |                                             |                                            |                            |                           |                 |                                       |                        |              |          |                 |           |  |                        |  |   |  |
|---------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------|--------------------------------------------|----------------------------|---------------------------|-----------------|---------------------------------------|------------------------|--------------|----------|-----------------|-----------|--|------------------------|--|---|--|
| PATENT APPLICATION FEE DETERMINATION RECORD                                                                                     |  |                                                                                                                                                                                                                               |  |                                             | Application or Docket Number<br>10/661,535 |                            | Filing Date<br>09/15/2003 |                 | <input type="checkbox"/> To be Mailed |                        |              |          |                 |           |  |                        |  |   |  |
| APPLICATION AS FILED – PART I                                                                                                   |  |                                                                                                                                                                                                                               |  |                                             | OTHER THAN<br>SMALL ENTITY                 |                            |                           |                 |                                       |                        |              |          |                 |           |  |                        |  |   |  |
| (Column 1)                                                                                                                      |  | (Column 2)                                                                                                                                                                                                                    |  | SMALL ENTITY <input type="checkbox"/>       |                                            | OR                         |                           |                 | SMALL ENTITY                          |                        |              |          |                 |           |  |                        |  |   |  |
| FOR                                                                                                                             |  | NUMBER FILED                                                                                                                                                                                                                  |  | NUMBER EXTRA                                |                                            | RATE (\$)                  |                           | FEE (\$)        |                                       | RATE (\$)              |              | FEE (\$) |                 |           |  |                        |  |   |  |
| <input type="checkbox"/> BASIC FEE<br>(37 CFR 1.16(a), (b), or (c))                                                             |  | N/A                                                                                                                                                                                                                           |  | N/A                                         |                                            | N/A                        |                           | N/A             |                                       | N/A                    |              | N/A      |                 |           |  |                        |  |   |  |
| <input type="checkbox"/> SEARCH FEE<br>(37 CFR 1.16(k), (l), or (m))                                                            |  | N/A                                                                                                                                                                                                                           |  | N/A                                         |                                            | N/A                        |                           | N/A             |                                       | N/A                    |              | N/A      |                 |           |  |                        |  |   |  |
| <input type="checkbox"/> EXAMINATION FEE<br>(37 CFR 1.16(o), (p), or (q))                                                       |  | N/A                                                                                                                                                                                                                           |  | N/A                                         |                                            | N/A                        |                           | N/A             |                                       | N/A                    |              | N/A      |                 |           |  |                        |  |   |  |
| TOTAL CLAIMS<br>(37 CFR 1.16(j))                                                                                                |  | minus 20 =                                                                                                                                                                                                                    |  | *                                           |                                            | X \$ =                     |                           | X \$ =          |                                       | OR                     |              | X \$ =   |                 |           |  |                        |  |   |  |
| INDEPENDENT CLAIMS<br>(37 CFR 1.16(h))                                                                                          |  | minus 3 =                                                                                                                                                                                                                     |  | *                                           |                                            | X \$ =                     |                           | X \$ =          |                                       | OR                     |              | X \$ =   |                 |           |  |                        |  |   |  |
| <input type="checkbox"/> APPLICATION SIZE FEE<br>(37 CFR 1.16(s))                                                               |  | If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). |  |                                             |                                            |                            |                           |                 |                                       |                        |              |          |                 |           |  |                        |  |   |  |
| <input type="checkbox"/> MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))                                                      |  |                                                                                                                                                                                                                               |  |                                             |                                            | TOTAL                      |                           | TOTAL           |                                       | TOTAL                  |              | TOTAL    |                 |           |  |                        |  |   |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2.                                                       |  |                                                                                                                                                                                                                               |  |                                             |                                            |                            |                           |                 |                                       |                        |              |          |                 |           |  |                        |  |   |  |
| APPLICATION AS AMENDED – PART II                                                                                                |  |                                                                                                                                                                                                                               |  |                                             |                                            |                            |                           |                 |                                       |                        |              |          |                 |           |  |                        |  |   |  |
| (Column 1)                                                                                                                      |  | (Column 2)                                                                                                                                                                                                                    |  | (Column 3)                                  |                                            | OTHER THAN<br>SMALL ENTITY |                           |                 |                                       |                        | SMALL ENTITY |          |                 |           |  |                        |  |   |  |
| AMENDMENT                                                                                                                       |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                                                                                                                                                                                     |  | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR |                                            | PRESENT<br>EXTRA           |                           | RATE (\$)       |                                       | ADDITIONAL<br>FEE (\$) |              | OR       |                 | RATE (\$) |  | ADDITIONAL<br>FEE (\$) |  |   |  |
| 12/26/2007                                                                                                                      |  |                                                                                                                                                                                                                               |  |                                             |                                            |                            |                           | X \$ =          |                                       |                        |              | OR       |                 | X \$ 50=  |  | 0                      |  |   |  |
| Total (37 CFR 1.16(j))                                                                                                          |  | * 4                                                                                                                                                                                                                           |  | Minus                                       |                                            | ** 22                      |                           | = 0             |                                       | X \$ =                 |              |          |                 | OR        |  | X \$ 210=              |  | 0 |  |
| Independent (37 CFR 1.16(h))                                                                                                    |  | * 2                                                                                                                                                                                                                           |  | Minus                                       |                                            | ***3                       |                           | = 0             |                                       |                        |              |          |                 |           |  |                        |  |   |  |
| <input type="checkbox"/> Application Size Fee (37 CFR 1.16(s))                                                                  |  |                                                                                                                                                                                                                               |  |                                             |                                            |                            |                           |                 |                                       |                        |              |          |                 |           |  |                        |  |   |  |
| <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))                                        |  |                                                                                                                                                                                                                               |  |                                             |                                            |                            |                           |                 |                                       |                        |              |          |                 |           |  |                        |  |   |  |
| AMENDMENT                                                                                                                       |  | (Column 1)                                                                                                                                                                                                                    |  | (Column 2)                                  |                                            | (Column 3)                 |                           | TOTAL ADD'L FEE |                                       |                        |              |          | TOTAL ADD'L FEE |           |  |                        |  |   |  |
| AMENDMENT                                                                                                                       |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                                                                                                                                                                                     |  | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR |                                            | PRESENT<br>EXTRA           |                           | RATE (\$)       |                                       | ADDITIONAL<br>FEE (\$) |              | OR       |                 | RATE (\$) |  | ADDITIONAL<br>FEE (\$) |  |   |  |
| Total (37 CFR 1.16(j))                                                                                                          |  | *                                                                                                                                                                                                                             |  | Minus                                       |                                            | **                         |                           | =               |                                       | X \$ =                 |              |          |                 | OR        |  | X \$ =                 |  |   |  |
| Independent (37 CFR 1.16(h))                                                                                                    |  | *                                                                                                                                                                                                                             |  | Minus                                       |                                            | ***                        |                           | =               |                                       | X \$ =                 |              |          |                 | OR        |  | X \$ =                 |  |   |  |
| <input type="checkbox"/> Application Size Fee (37 CFR 1.16(s))                                                                  |  |                                                                                                                                                                                                                               |  |                                             |                                            |                            |                           |                 |                                       |                        |              |          |                 |           |  |                        |  |   |  |
| <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))                                        |  |                                                                                                                                                                                                                               |  |                                             |                                            |                            |                           |                 |                                       |                        |              |          |                 |           |  |                        |  |   |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.                                           |  |                                                                                                                                                                                                                               |  |                                             |                                            |                            |                           |                 |                                       |                        |              |          |                 |           |  |                        |  |   |  |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".                                       |  |                                                                                                                                                                                                                               |  |                                             |                                            |                            |                           |                 |                                       |                        |              |          |                 |           |  |                        |  |   |  |
| *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".                                        |  |                                                                                                                                                                                                                               |  |                                             |                                            |                            |                           |                 |                                       |                        |              |          |                 |           |  |                        |  |   |  |
| The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |                                                                                                                                                                                                                               |  |                                             |                                            |                            |                           |                 |                                       |                        |              |          |                 |           |  |                        |  |   |  |
| Legal Instrument Examiner:<br>/Crystal Queen/                                                                                   |  |                                                                                                                                                                                                                               |  |                                             |                                            |                            |                           |                 |                                       |                        |              |          |                 |           |  |                        |  |   |  |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3"

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

## **Legal Instrument Examiner:**

## Legal Instruments /Crystal Queen/